

**CITY OF SAVANNAH, GEORGIA
CONVENTION DISTRICT HOTEL
ROOM OCCUPANCY FEE RETURN**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

REPORT FOR MONTH OF: _____ **YEAR:** _____

THIS RETURN IS SUBJECT TO AUDIT:

1. Total number of room nights _____
2. Total number of room nights "comped" _____
3. Room nights subject to fee (Line 1 – Line 2) _____
4. Amount of fees due (Line 3 x \$1.00¹) \$ _____
5. Penalty if delinquent (add the greater of 5% of line 2
or \$25.00) \$ _____
6. Interest if delinquent (add 1% of line 2 compounded
for each month or fraction of each month) \$ _____
7. Total amount due (Please attach check to return) \$ _____

***PAYMENT MUST BE RECEIVED IN THE REVENUE DEPARTMENT BY
THE 20TH DAY OF THE MONTH FOR THE PRECEDING MONTH***

.....
I declare under penalties prescribed that the information provided in this return is true and
Correct to the best of my knowledge and belief.

Signed _____ Title _____

Date: _____ Phone No. _____

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**Return this form together with check for the amount shown on line 6 and payable to
the City of Savannah Revenue Department and attach to your monthly Hotel/Motel
Tax Return.**

¹ Rev. Jan. 2006